

**APPLICATION FOR  
YAKAMA NATION COMMUNITY  
CONTRIBUTION FUND GRANT**

The purpose of the Community Contribution Fund is to provide financial assistance to local law enforcement, emergency medical, traffic and transportation, and other agencies and service providers impacted by activities associated with the operation of the Nation's Class III gaming facilities at the Yakama Nation Legends Casino.

**APPLICANT INFORMATION**

Applicant: <input style="width: 90%;" type="text"/>	Contact: <input style="width: 90%;" type="text"/>
Agency: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>
Fax: <input style="width: 90%;" type="text"/>	E-Mail: <input style="width: 90%;" type="text"/>
Address: <input style="width: 95%; height: 20px;" type="text"/>	Project Title: <input style="width: 95%; height: 40px;" type="text"/>
Amount: Requested: \$ <input style="width: 100px;" type="text"/>	

**TYPE OF AGENCY**

Are you a local law enforcement agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a local emergency services agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a local public service agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a local provider of social services not listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please describe the public services you provide within the area:

Are you affiliated with a government entity? If yes, name entity: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for a grant from the Yakama Nation 2% Community Contribution fund before? If yes, state date(s) and amount awarded: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you previously been awarded a grant from any similar Community Contribution Fund operated by a tribal entity other than the Yakama Nation?  
If Yes, provide date of grant(s), amount(s), and purposes of grant(s):

Yes

No

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Please describe how you have been impacted by the Yakama Nation Legends Casino operation of a Class III gaming facility?  
[If necessary, add additional pages]

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Do you have documentation showing these impacts?

Yes

No

If yes, list and describe the documentation (include date created, author, subject matter, dates covered by the document and attach a copy of each document identified:

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If no, please describe any other manner in which the identified impacts can be substantiated:

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